
MESSAGE THERAPY INSTRUCTOR (MTI)
INSTRUCTIONS FOR APPLICANTS

1. Read the Massage Therapy Act, (Texas Occupations Code, Chapter 451) and the rules of the Board of Health (25 Texas Administrative Code, Chapter 141) relating to the regulation of massage therapy. The Act and rules were provided with this application.
2. **The application fee for registration as a massage therapy instructor is \$105.00.** This fee may be paid in the form of a money order, cashier's check, or personal check, made payable to Texas Department of Health (TDH). **Do not send cash.**
3. Mail the completed application, supporting documentation listed below, and fee to the address shown on the application.
4. Completed applications and fees are processed through the TDH Fiscal Division before they can be reviewed by the Massage Therapy Program staff. You will receive notification of approval or disapproval. If additional information is required in order to process your application, you will receive a notice of deficiency from this office. It can take up to 3 to 4 weeks from the date you mail the application for processing.
5. Only official transcripts with original signatures **or** a notarized copy of the original transcript will be accepted. The program will return unofficial transcripts to the applicant.

CHECKLIST

_____ Money order or cashier's check for \$105.00 is enclosed.

_____ Application is completed and signed.

_____ High school diploma, GED, or official college transcript showing completion of 12 semester hours is enclosed.

_____ Statement of assurance documenting 250 hours of hands-on experience.

_____ Submit proof of completion of a 30-hour course in teaching adult learners.

Effective January 1, 2002, applicants for registration as a massage therapy instructor must complete the 30-hour course on teaching adult learners.



**MASSAGE THERAPY REGISTRATION PROGRAM
PROFESSIONAL LICENSING AND CERTIFICATION DIVISION
TEXAS DEPARTMENT OF HEALTH
P. O. BOX 12197
AUSTIN, TEXAS 78711-2197
(512) 834-6616**

APPLICATION FOR MASSAGE THERAPY INSTRUCTOR (MTI)

APPLICANT INFORMATION

1. Name: _____
Last First Middle or Maiden
2. Social Security Number: _____
3. Preferred mailing address: _____

4. Telephone : Home: _____ Work: _____
5. Massage therapist registration number: _____ This shall not be a temporary registration.
6. Name and address of registered massage therapy school where you plan to work:

7. Have you ever been convicted of a felony or a misdemeanor? _____ **Yes** _____ **No**
Have you ever entered a plea of nolo contendere, entered a plea of guilty,
or received deferred adjudication for a felony or a misdemeanor? _____ **Yes** _____ **No**
If you answered yes to either question, give date and attach a copy of the charges and disposition papers.
Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.
8. You must attach **one** of the following documents. Place a check mark by the document you are submitting:
_____ A copy of your high school diploma
_____ A copy of your general equivalence diploma (GED)
_____ An official transcript from an accredited college or university showing completion of at least 12 semester
hours
9. Complete a thirty hour course on teaching adult learners? _____ **Yes** _____ **No**
NOTE: Courses attended may include an instructional certification program, a college level course in teaching adult learners, a continuing education course in teaching adult learners, or an additional program approved by Texas Department of Health in teaching the massage therapy course of instruction.

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REGISTRATION REQUIREMENTS FOR MASSAGE THERAPY INSTRUCTOR

All applicants for MTI registration must be registered massage therapists (not a temporary registration). Listed below are the requirements for MTI registration.

- Applicant has been a registered massage therapist (not a temporary registration).
- Have a high school diploma, a general equivalence diploma or a transcript from an accredited college or university showing successful completion of at least 12 semester hours.
- Submit a statement of assurance that the registrant has been engaged in the practice of massage therapy for at least one year and has conducted 250 hours of hands-on experience (does not include internship hours).
- Complete a 30-hour course on teaching adult learners to demonstrate competency in teaching adult learners. Courses attended may include an instructional certification program, a college level course in teaching adult learners, or a continuing education course in teaching adult learners, or an advanced program approved by the department in teaching the course of instruction.

PLEASE READ CAREFULLY

I certify that the information contained in this application is true and correct. I have read and agree to abide by the Massage Therapy Act (the Act) and the rules of the Board of Health relating to the regulation of massage therapy. I understand that I must be registered as a massage therapist in order to be registered as a massage therapy instructor. I agree to follow the curriculum established by the Texas Department of Health. I agree that, if issued a registration certificate, upon the revocation or cancellation of that registration, I shall return the certificate to the department.

I understand that applicants who study under a massage therapy instructor who is not registered under the Act will not meet the requirements for registration. I understand that non-compliance with the requirements of the Act and rules may subject a person to a civil penalty not to exceed \$500 or any other legal remedy provided by law. I understand that the disclosure of a social security number by an applicant is mandatory under the Family Code, Section 231.302 and the Health Insurance Portability and Accountability Act of 1996, Section 221. Social Security numbers are confidential and will be used for identification and reporting purposes required by law.

I hereby certify that this application and any attachments contain no intentional or negligent misrepresentation or falsification. I understand that should an investigation disclose any such misrepresentation or falsification, my application will be rejected. I agree that the Texas Department of Health may verify any information contained in these application materials.

Signature of Applicant _____ Date _____